Substitute for	form 1449A/PTO	Complete if Known				
INFORMAT	ION DISCLOSURE	Application Number	To be assigned			
STATEMEN	IT BY APPLICANT	Filing Date	Herewith			
		Applicants	Kernahan, Chronowski, Halseth, Maynard			
(use as many shee	ets as necessary)	Group Art Unit	2834			
		Examiner Name	G0074/87			
Sheet	of	Attorney Docket Number	200-1429			

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4 Applicant is to place a check mark here if English language Translation is attached.